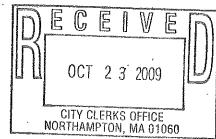


# Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance



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City or Town Clerk or Election Commission

Please print or type all information, except signatures.

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Fill in dates: Month Date You Reporting Period Beginning August 99	107 Ending Oth	Less 16 200	9
Type of report: (Check one)  ☐8th day preceding preliminary	ion □30 day after electio	n □year-end r <del>ep</del> ort □di	ssolution
MARIANNE L. LABARGE  Full Name of Candidate (if applicable) WARD  NORTHAMPTON CITY COUNCIL.  Office Sought and District  LOGS-WESTHAMPTON RD  Residential Address  FLORENCE MASS. 01062  413-5-84-7937  Tel. No. (optional)	RICHARD T L Name of Con	Mailing Address  185, 01062  Tel. No. (ontions)	
STIMMARY RAT AT	NCE INFORMATION	1.	
Line 1: Ending balance from pre-	vious report	\$ 2,363.53	
Line 3: Subtotal (line 1 plus line 2)	(page 2, mie 11)	\$ 2 343. 75	
Line 4: Total expenditures this po	eriod (page 3, line 14)	\$ 363. 73	
Line 5: Ending balance (line 3 minus		\$ 2,363.75	
Line 6: Total in-kind contributions	this period (page 4)	s o	17 THE REST OF THE
Line 7: Total (all) outstanding liabil	•	\$ 7	•
•		ADENCE NAME	
Line 8: Name of bank(s) used Non	THUMPTON CO-	OFERMITUE ENAUL	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, finance activity, including all contributions, loans, receipts, expenditures, disbur campaign finance activity of all persons acting under the authority or on behalf of the contributions of the personal of the persona	sements, in-kind contributions and I of this committee in accordance with	iabilities for this reporting period and i	represents the
FOR CANDIDATE FILINGS	ONLY: (CANDIDATE MUS	T SIGN BELOW)	
Affidavit of Candidate: (check 1 box only)  Candidate with Committee and no activity independent of the committee and it is, finance activity, of all persons acting under the authority or on behalf of this committee are contributions, incurred any liabilities nor made any expenditures on my behalf of Candidate without Committee OR Candidate with independent activity I certify that I have examined this report including attached schedules and it is, finance activity, including contributions, leans, receipts, expenditures, disburse campaign finance activity of all persons acting under the authority or on behalf of Signed under the penaltic standard activity of all persons acting under the authority or on behalf of the standard activity of all persons acting under the authority or on behalf of the standard activity of all persons acting under the authority or on behalf of the standard activity of all persons acting under the authority or on behalf of this committee.	to the best of my knowledge and be ministee in accordance with the req turing this reporting period.  filing separate report to the liest of my knowledge and be ments, in-kind contributions and li- of this committee in accordance with	uirements of M.G.L. c. 55. I have not the complete statement of the co	received any
Candidate signature (in ink)	* .	Date	·

### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
				-	
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(	·.				
			·		
		.1			
	,				
				•	
			·		
· ·			Expenditures over \$50		
			Expenditures \$50 and under*		
Е	nter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	0 0	

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts ver \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only tumize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

Date Received	Name and Residential Address	Amount		Occupation & Employer (for contributions of \$200 or more)	
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	*		-		
	Total receipts in excess of \$50 (or listed above)				
Line 10:	Total receipts \$50 and under* (not listed above)	/	120		
Line 11: '	TOTAL RECEIPTS IN THE PERIOD		120	Enter on page 1, line 2	

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			*	
				,
		Line 15:	In-kind over \$50	Ô
		Line 16:	In-kind \$50 and under	0
	Enter on page 1, line 6	Line 17:	Total In-kind	0

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

#### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	<u>,</u>			
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	, -		ļ	
			-	
	•		- 1	
	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILI	TIES (ALL)	0

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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